## PART B - FEE(S) TRANSMITTAL



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| appropriate. All further co<br>indicated unless corrected<br>maintenance fee notificatio                                                                                                                                                                                                                                           | rrespondence including the<br>below or directed otherwise                      | Patent, advance of in Block 1, by (a | rders and notifi                                                                                                                                                                                                                                                                                                                  | cation of maintenance fees<br>new correspondence address                 | will be mailed to the curres; and/or (b) indicating a s                                       | ent correspondence address as<br>eparate "FEE ADDRESS" for                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                    | NW<br>DC 20007                                                                 | OIP                                  | 7 2005 3040<br>OEWARY                                                                                                                                                                                                                                                                                                             | Fee(s) Transmittal. T<br>papers. Each addition<br>have its own certifica | his certificate cannot be use<br>hal paper, such as an assign<br>te of mailing or transmissio | I for domestic mailings of the dofor any other accompanyin ment or formal drawing, must n.  ansmission eing deposited with the Unite first class mail in an envelopess above, or being facsimile date indicated below.  (Depositor's name) |
| FC:1501 1400.00 OP<br>FC:1504 300.00 OP                                                                                                                                                                                                                                                                                            |                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                   | (Signature) (Date)                                                       |                                                                                               |                                                                                                                                                                                                                                            |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                    | FILING DATE                                                                    | r                                    | FIRST NAMED                                                                                                                                                                                                                                                                                                                       | INVENTOR                                                                 | ATTORNEY DOCKET NO                                                                            |                                                                                                                                                                                                                                            |
| 10/700,446                                                                                                                                                                                                                                                                                                                         | 11/05/2003                                                                     | Akira Hi                             |                                                                                                                                                                                                                                                                                                                                   |                                                                          | 023971-0336                                                                                   | 6401                                                                                                                                                                                                                                       |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                   | ISSUE FEE                            |                                                                                                                                                                                                                                                                                                                                   | PUBLICATION FEE                                                          | TOTAL FEE(S) DUE                                                                              | DATE DUE                                                                                                                                                                                                                                   |
| nonprovisional                                                                                                                                                                                                                                                                                                                     | NO                                                                             | \$1400                               |                                                                                                                                                                                                                                                                                                                                   | \$300                                                                    | \$1700                                                                                        | 06/21/2005                                                                                                                                                                                                                                 |
| . EXAN                                                                                                                                                                                                                                                                                                                             | EXAMINER ART U                                                                 |                                      | ıır                                                                                                                                                                                                                                                                                                                               | CLASS-SUBCLASS                                                           | <b>,</b>                                                                                      |                                                                                                                                                                                                                                            |
| BEAULIEU, YONEL                                                                                                                                                                                                                                                                                                                    |                                                                                | 3661                                 |                                                                                                                                                                                                                                                                                                                                   | 701-087000                                                               | J                                                                                             |                                                                                                                                                                                                                                            |
| 1. Change of correspondence address or indication of "Fee Address" (3° CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. |                                                                                |                                      | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                          |                                                                                               |                                                                                                                                                                                                                                            |
| PLEASE NOTE: Unless                                                                                                                                                                                                                                                                                                                | RESIDENCE DATA TO B<br>an assignee is identified be<br>37 CFR 3.11. Completion | elow, no assignee                    | data will appea                                                                                                                                                                                                                                                                                                                   | er on the patent. If an assig                                            | nee is identified below, the                                                                  | e document has been filed fo                                                                                                                                                                                                               |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                    |                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                               |                                                                                                                                                                                                                                            |
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| Please check the appropriate                                                                                                                                                                                                                                                                                                       | assignee category or catego                                                    | ries (will not be pr                 | inted on the pat                                                                                                                                                                                                                                                                                                                  | ent): 🗖 Individual 🗖 C                                                   | Corporation or other private                                                                  | group entity Governmen                                                                                                                                                                                                                     |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                       | enclosed:                                                                      | 41                                   | . Payment of Fo                                                                                                                                                                                                                                                                                                                   | * *                                                                      |                                                                                               |                                                                                                                                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                    | (from status indicated above MALL ENTITY status. See                           | ,                                    | _                                                                                                                                                                                                                                                                                                                                 | nt is no longer claiming SMA                                             |                                                                                               |                                                                                                                                                                                                                                            |

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date .

Schwaab Richard L. Typed or printed name

25,479 Registration No.

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